

South Carolina Department of Insurance

P. O. Box 100105, Columbia, South Carolina 29202-3105

Appointment/Termination Form

(Company return address box)

Company contact telephone number (____) _____

Appoint Terminate (Mark the column C if the termination is for cause)

SSN or Producer ID	National Producer Number	Producer Name	Appointment Type Local (\$40), General/Special (\$100), Travel Baggage (\$20)	Line(s) of Authority*	State Specific Company Number	Effective Date	C	O

*Lines of Authority
 19 – Life 20 – Variable Contracts 21 – Accident & Health 22 – Property 23 – Casualty 24 – Surety 25 – Marine
 26 – Title 27 – Personal Lines 29 – Pre-Need 34 – Industrial Fire 35 – Credit 36 – Auto Physical Damage
 37 – Crop-Hail 38 – Auto Liability 39 – Mortgage Guaranty 40 – Travel Accident & Baggage

ENTRIES ON THIS FORM MUST BE EITHER ALL APPOINTMENTS OR ALL TERMINATIONS.

Termination reason: In accordance with South Carolina law, the Department must be notified within 30 days following the effective date a producer is terminated. Mark column “C” when terminating for “CAUSE” and provide supporting documentation outlining the exact reason for termination. Records furnished to the Department are not for public inspection (Section 38-43-55). Mark column “O” for “OTHER” terminations. If the “O” category is checked, no supporting documentation is required.

Appointment: I hereby certify that I have duly investigated the character and record of the applicant(s) listed above and am satisfied they are competent, trustworthy and qualified to be insurance producer(s) under South Carolina law.

SWORN to and before me this _____ day of _____,

Signature of Authorized Appointing Officer

Notary Public

Print or Type Name